



400 R STREET, SACRAMENTO, CALIFORNIA 95814-6200



## **DRAFT**

Task Force on Culturally and Linguistically  
Competent Physicians and Dentists  
Working Group on Continuing Education  
October 2, 2001  
10:00 a.m.– 11:00 a.m.

### **Task Force Working Group Members Present**

Ron Joseph, Executive Director, Medical Board of California  
Irma Cota, M.P.H., CEO, North County Health Services  
Doreena Wong, Legal Counsel, National Health Law Program  
Anil Chawla, M.D., Clinicas del Camino Real

### **Staff Members Present**

Kristy Wiese, Assistant Deputy Director, Department of Consumer Affairs  
Anita Scuri, Legal Counsel, Department of Consumer Affairs

### **1. Call to Order**

The meeting was called to order at 10:05 a.m. by Ron Joseph, Chair

### **2. Overview of Legislative Requirements**

Mr. Joseph provided background information on AB 2394 and the working groups' goal and intent to develop recommendations for physicians and dentists for a continuing education program that includes language proficiency and standards for language to be acquired to meet linguistic competency. Mr. Joseph also stated that the working group would make recommendations for physicians and dentists to achieve the level of cultural and linguistic competency for serving the population in under served areas. The agenda is to provide guidelines for the working group discussions.

### **3. Defining the Purpose**

Mr. Joseph handed out copies of legislation introduced in New Jersey and New York. He indicated that the proposed legislation would require developing cultural competency education within the medical schools. The enactment of this law would require graduates from medical schools to obtain sixteen hours of continuing education prior to the renewal of their license. He indicated he would provide further research in the area of language competency and provide the results at the next working group meeting. Additionally, he advised that the University of California at San Diego offers a six-core course to medical students for continuing education.

Ms. Cota asked if the continuing education requirements that the working group will look at apply to nurses and certified nursing assistants.

Mr. Joseph stated that the two objectives for the working group were to determine acceptable standard courses for continuing education for physicians and dentists to improve their cultural and linguistic competency and to evaluate whether or not continuing education would become a requirement. He also added that the Physician Practice Act encouraged continuing education.

Anita Scuri, Department of Consumer Affairs, legal counsel, spoke regarding the Dental Board's policy on continuing education. Ms. Scuri advised that the Dental Board has approved providers and approved courses required for dentists to renew their licenses.

Mr. Joseph related that the Medical Board of California does not approve continuing education. He stated that the California Medical Association, American Medical Association and the American Academy of Family Practitioners approve continuing education. As a result of the working group's recommendation, the Medical Board could consider approving continuing education courses, should that be a recommendation made by the working group.

Mr. Joseph remarked that the working group would consider linguistic competency as well as cultural competency in its discussion of continuing education.

Mr. Joseph stated the working group might consider recommending alternative requirements to allow physicians to complete their training within a specified timeframe as a condition to practice in California.

Dr. Chawla stated that a two-year time frame was reasonable.

Ms. Wong asked for clarification regarding the education law requirements. Mr. Joseph replied that medical education is packed with required education and any additional requirements could become burdensome. Mr. Joseph stated that California law currently mandates this requirement for family practice, psychiatry, and pediatrics.

Mr. Joseph stated further consideration would be given to recommendations for standards to possibly include x-ray technicians and pathologists.

Ms. Wong stated all physicians should be cognizant of potential diseases associated with patients from multi-cultural backgrounds.

Ms. Cota interjected there was a need for physicians to understand cultural diversity of the community.

#### **4. Discussion of Expected Outcomes**

Mr. Joseph advised that the working group would provide recommendations to the Task Force on options surrounding continuing education. Mr. Joseph asked if the working group should consider broad goals. For example recommending that 25% of the physician population become competent within five years or concentrate on a specific recommendations, for example to require sixteen hours of linguistic competency training within with a two-year time frame.

The working group members suggested various topics to be discussed further. Ms. Wong supported an evaluation process for physicians to measure cultural competency.

Mr. Joseph advised that, based upon his research for linguistic training courses, competency would take a while to achieve. Ms. Wong stated that required hours would be easier to measure in the evaluation process.

Dr. Chawla commented that cultural competency would be easier to understand and achieve than linguistic competency.

Mr. Joseph suggested the working group evaluate incentives that might encourage physicians to attain the level of cultural competency determined by the Cultural Competency Standards Workgroup.

Dr. Chawla expressed concern for the amount of time involved to pursue continuing education as well as the expenses incurred.

Ms. Wong stated in the legal profession some employers pay for continuing education and perhaps that could be a useful model.

Ms. Cota stated that the government assists medical schools with funding for training. She stated that some universities currently utilize these programs.

Mr. Joseph stated that the University of California at San Diego represented a continuing education model for medical schools to replicate.

## **5. Future Agenda Topics**

Mr. Joseph stated he would provide a survey of competency verification from across the nation in the area of linguistic and cultural education for health care professionals. Mr. Joseph stated that he hoped to have a survey of competency verification available from across the nation and provide the results from that survey. Mr. Joseph asked for comments or thoughts for future meeting agenda topics from the working group members.

Ms. Cota advised she that would like further information from UC program curriculums in the area of cultural competency.

Ms. Wong suggested that medical students learn an alternative language as an avenue for licensing language proficiency for medical graduate students.

Ms. Wong asked if medical interpreters should be included in the certification requirements on continuing education.

Mr. Joseph asked Ms. Wong to provide further information on the certified medical interpreters. Ms. Wong replied that the National Organization adheres to national standards for interpreters in terms of cultural training and language proficiency and is currently

working towards a certification program on a national level. Ms. Wong also added the organization is seeking to provide reimbursement for interpreters.

Ms. Cota cautioned that volunteer participation could be dangerous if it discourages or lessens incentives for relying on an official interpreter. She felt participation should be optional.

Ms. Wong responded it would be ideal to have a bilingual provider, but in cases where a provider was not available, then an interpreter would be appropriate.

Ms. Cota stated that the interpreting programs could provide training to official interpreters in the area of proficiency and cultural disease.

## **6. Public Comment**

Felix Valdez, representing the Filipino Federation of California Dentists, stressed the importance of providing interpreting services for all languages including those of Russia and Asia.

Ms. Cota advised that technology exists for video cameras to assist physicians in interpreting services to interact with non-English speaking patients. She stated that the larger cities, such as San Francisco and Los Angeles, have a higher concentration of non-English speakers and interpreting services can be accessed from around the world. She cautioned that rural areas might not have access to that type of technology.

Ms. Wong remarked that Title VI required that language assistance be provided to individuals who are limited in proficiency with at least a minimum access by a telephone language line. She stated remote video conferencing also could provide assistance for physicians to communicate with their patients. Ms. Wong also indicated that Title VI applied to rural areas.

Ms. Cota concurred that the AT&T language line phone assistance was not personable, but provided an accessible resource.

Vivian Huang, California Primary Care Association, spoke on behalf of the association representing community clinics and health centers statewide. Ms. Huang commented on the association's work with universities and hospitals to develop and provide cultural training and competency programs in community clinics with local hospital and universities. Ms. Huang shared the example of Golden Valley Health Center in Merced who worked with Sutter Merced Hospital with their family practice physician-training program to develop a curriculum and a training component to focus on culturally and linguistically competency. She advised that community health centers work with under served populations and do have a lot of expertise in this area.

Ms. Huang agreed that there was difficulty in accessing interpreters in the rural areas, but there was a growing recognition in areas where there has been a huge influx of the Southeast Asian population. She advised that the association could provide expertise in working with the underserved community. She suggested that the working group assess different training

programs and consider studying some community-based organizations such as Golden Valley in Merced and Sutter Merced who developed curriculum. She also reiterated there was growing recognition to provide language access services.

Ms. Wiese requested Ms. Huang provide additional information to the working group. Ms. Huang stated she would supply additional information in regards to the health centers that have specifically developed programs in this area.

Mr. Joseph inquired of Ms. Huang if Golden Valley attempted to certify for continuing education. Ms. Huang replied she was unsure if the formal certification process included formal certification credits. She added that the health centers develop training programs that generally require physicians and dentists to participate. She was cognizant that other health care centers introduced formal curriculum to health care professional students. Ms. Huang stated California Primary Care Association is seeking to establish a statewide partnership with some university systems to provide that training.

Mr. Joseph asked if that training provided a particular focus on issues of medicine in dentistry or was that a broader language. Ms. Huang responded it depended on the training and shared the example of Asian Health Services in Oakland encompassed health interpreter training as well as cross cultural health care training for culture and medicine. For example, they speak to different cultural practices and impart different ways of thinking about medicine.

Ms. Cota asked if Asian Health Services offered the cultural and linguistic competency programs and if certification was offered at the level where continuing education credits were obtained. Ms. Huang stated the students received credit for their courses at the university. Ms. Huang stated she was unsure if this included continuing medical education credits.

Ms. Wong remarked that additional information was needed about the training program to evaluate it as an option to consider obtaining credit for cultural and linguistic competency.

James Comins, California Community Colleges, Director of the Health Care Delivery Program on Economic Development, advised his organization represented eight regional occupational centers and was interested in the committee's purpose in relation to the health care programs offered at San Francisco City College. He advised that City College in San Francisco provided interpreting programs to assist in health care services.

Mr. Joseph asked Mr. Comins what was the duration of the program operated at San Francisco City College. Mr. Comins believed three or four credits were given for competency curriculum.

Mr. Joseph asked for supplementary information regarding this program in California. Mr. Comins responded that San Francisco developed the curriculum in regards to the interpreting services and the curriculum is then incorporated into the community colleges through the eight regional health centers in Northern California.

Mr. Joseph asked if this program was self-sustaining and Mr. Comins stated yes.

Ms. Wong commented that the city college program offered a certification program, but she was unfamiliar with the duration of the curriculum and training.

In response to an inquiry about the working group's timeline, Ms. Wiese informed the working group members that the Task Force has to make final recommendations to the Legislature in February 2003. The projected goal was to have the finalized report by October of 2002. Mr. Joseph stated the working group on Continuing Education would start identifying goals and aspirations to propose to the Task Force well in advance of providing the report.

**7. Meeting Adjourned at 10:55 a.m.**